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Governor

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Director

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**DEPARTMENT OF PUBLIC SAFETY**

**DIVISION OF FIRE SAFETY**

**APPLICATION FOR ELEVATOR CANDIDATE'S LICENSE**

*PLEASE TYPE OR PRINT*

**General Information**

Name of Applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number (*optional*): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Education/Experience**

High School Diploma/GED      Yes ☐      No ☐

Briefly summarize your experience in the construction, installation, maintenance, repair, operation, or inspection of elevator equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years of experience in mechanical or electrical field. \_\_\_\_\_

Years of experience in the design, construction, installation, repair or inspection of elevator equipment. \_\_\_\_\_

Years of formal engineering education. \_\_\_\_\_

**OVER**

## Application for Elevator Candidate's License

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Current Employer \_\_\_\_\_

Nature of Business \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Business Address (*required*) \_\_\_\_\_

Beginning with the most current employer, list your former employers and positions held with each employer during the past five years. \_\_\_\_\_

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**Please attach a current copy of your Supervisor's QEI or BOCA Certification. Please assure you meet all requirements of 11 CSR 40-5.120(5). Failure to do so will delay the issuance of your Elevator Candidate's License.**

QEI or BOCA Certification number \_\_\_\_\_

Have you ever had your QEI or BOCA Certification revoked or suspended in any state of the United States or Province of Canada?

Yes ☐      No ☐      If so, please explain on a separate page.

I hereby certify that I have read, am familiar with and possess a copy of RSMo 701.350 through 701.380, otherwise known as the Elevator Safety Act, and 11 CSR 40-5.010 through 11 CSR 40-5.150, otherwise known as the Elevator Safety Act. As a licensed elevator candidate inspector, I will perform my duties in accordance with these rules and regulations.

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**Applicant's Signature**